

JUL 25 2006

**Gates & Cooper LLP**

Howard Hughes Center  
 6701 Center Drive West, Suite 1050  
 Los Angeles, California 90045

**FAX TRANSMISSION TO USPTO**

TO: Commissioner for Patents  
**Attn: Examiner Hoanganh T. Let**  
 Patent Examining Corps  
 Facsimile Center  
 Alexandria, VA 22313-1450

FROM: Victor G. Cooper  
 OUR REF.: PD-01-439  
 TELEPHONE: (310) 642-4142

Total pages, including cover letter: 12

PTO FAX NUMBER: 571-273-8300

If you do NOT receive all of the pages, please telephone us at (310) 641-8797, or fax us at (310) 641-8798.

Title of Document Transmitted:	TRANSMITTAL DOCUMENTS (2) AND AMENDMENT UNDER 37 C.F.R. §1.111
Applicant:	Samir F. Bassily
Serial No.:	10/796,481
Filed:	March 9, 2004
Group Art Unit:	2821
Title:	SYSTEM AND METHOD FOR PREFERENTIALLY CONTROLLING GRATING LOBES OF DIRECT RADIATING ARRAYS
Our Ref. No.:	PD-01-439

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP.

By: Victor G. Cooper  
 Name: Victor G. Cooper  
 Reg. No.: 39,641

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Kathleen Villanueva  
 Signature

07/25/2006  
 Date

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Due Date: July 25, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Samir F. Bassily	Examiner:	Hoanganh T. Le
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## CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on July 25, 2006.

By: Victor G. Cooper  
Name: Victor G. Cooper

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.  
 Amendment Under 37 C.F.R. §1.111.

## CLAIMS PRESENT

Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
<b>Total Claims</b>				
22	22	0	x \$50.00	= \$0.00
<b>Independent Claims</b>				
3	3	0	x \$200.00	= \$0.00
<b>MULTIPLE DEPENDENT CLAIM FEE</b>				\$0.00
<b>TOTAL FILING FEE</b>				\$0.00

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Los Angeles, CA 90045  
(310) 641-8797

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VGC/kmk

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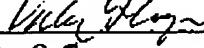
Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
<b>Total Claims</b>				
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<b>Independent Claims</b>				
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Dear Sir:

In response to the Office Action dated April 25, 2006, please amend the above-identified application as follows.